CLAIMS ONLY	Application Number Filling Date
B-19-05	Applicant(s)
CLAIMS AS FILED AFTER FIRST AFTER SECOND	May be used for additional claims or amendments
AMENDMENT AMENDMENT	
Indep Depend Indep Depend Indep Depend	Indep Depend Indep Depend Indep Depend
2	51 52
3	53
4 5	54
6	55 56
7	57
8 9	58
10	59 60
11 12	61
13	62
14	63
15 16	65
17	66
18	67
19 20	69
21	70
22	71 72
23 24	73
25	74
. 26	75 76
27 28	77 .
29	78 79
30 31	80
32	81
33	82
34 35	84
36	85
37	86
38 39	88
40	69
41 42	91
43	92
44	93
45 46	95
47	96
48	97 98
49 50	99
Total	100
Indep /	Total 3
Total Depend	Total 470)
Total //-	Depend 23
Claims / / /	Claims 34